2002 Annual Report on Integrated Services Projects for the Children Come First Advisory Committee

This report is written for the Children Come First Advisory Committee, which is statutorily responsible for monitoring the development of Integrated Services. The report highlights the accomplishments and challenges faced by the Integrated Service Projects (ISPs), which serve Wisconsin's children with severe emotional disturbance (SED) and their families.

Background

Since 1989 and the passage of Wisconsin Act 31 and the creation of Sec. 46.56, Wisconsin Statutes, Wisconsin has been developing Integrated Services Projects. ISPs utilize a "wraparound" process that "wraps" an individualized, comprehensive, flexible array of services and supports around a child and family, determined by an interactive assessment of their unique strengths and needs. The goal is to help children with SED remain with their families and in their communities. This is accomplished through the provision of cost effective, organized, integrated community-based services and natural supports. The wraparound process is a "systems" approach, the approach cited in the Surgeon General's 1999 Mental Health Report's Executive Summary[1] as "the way to best address the multiple problems associated with children and adolescents with SED."

We are able to provide services in the least restrictive community environment and decrease the need for long-term residential care.
-ISP Care Coordinator

Only 20 percent of the estimated 3.75 million children in the United States in need of mental health services receive them. Wisconsin's treatment ratio reflects this national trend of under-diagnosed and under-treated children. ISPs are used to help respond to the estimated 18,000 children in need of mental health services.

Current Projects

- Wraparound Milwaukee, the state's largest wraparound system of care, was named by President Bush's New Freedom Commission on Mental Health as "an exemplary children's mental health program." It served 874 court-referred children and their families in 2002.
- Children Come First of Dane County, the state's second largest wraparound system of care, served an average of 175 families in 2002.
- Dane County's Children Come First and Wraparound Milwaukee are managed care projects funded with a combination of Medicaid and county administered funds.
- A combined six-county wraparound project called Northwoods Alliance for Children and Families (NACF) serves children in rural northern Wisconsin. This is the fifth year of a six-year federal grant from the Center for Mental Health Services (CMHS) for NACF. In 2002 NACF served 116 children.
- Kenosha County's Families First receives Mental Health Block Grant ISP funds and Hospital Diversion Funds from the state to increase diversion of children and adolescents from hospitalization. Kenosha served a monthly average of 64 families throughout 2002. The number of children in out-of-home placements (inclusive of corrections, group homes, foster care, treatment foster care, and residential care centers) went from 368 for the first quarter of 2002 to 290 the third quarter, a decrease of 21.2 percent.
- Besides Kenosha County, an additional eighteen counties have ISPs that receive Mental Health Block Grant funds. In 2002, these 18 ISPs served about 350 formally enrolled child and family teams and an additional 250 "informally" enrolled child and family teams (teams whose data were

[1] Executive Summary of the Surgeon General's Mental Health Report, page 17.

not required to be reported to the Bureau of Mental Health and Substance Abuse Services).

Accomplishments in 2002

Expansion

- The Coordinated Services Team (CST) was drafted and initiated in 2002. CSTs share many of the same values as ISPs but co-mingle substance abuse, mental health, and child welfare funding to serve families involved in any one or combination of these systems. Six counties were selected to receive three to five years of system-change funding: Calumet, Green Lake, Iron, Jefferson, Manitowoc, and Waupaca. Four more counties will be added October 2003.
- Combining the number of children served by the 19 counties that have "small" ISPs with the number of family members served who may not have received support and services if the family had not been involved with an ISP in 2001 1,503 people benefited from ISPs. In 2002, that number rose to 2,031, an increase of 35 percent.

Training

- Classes to "train the trainer" to use the Child and Adolescent Functional Assessment Score (CAFAS) evaluation tool were conducted for counties requesting technical assistance. A list of trainers is now available to respond to local requests.
- Eight ISP counties requested and received local consultation and training via state training funds. The focus of most of the training and consultations was in the areas of improving parent participation, care coordination, and coordinating committees.
- Staff support and funding were provided for the Annual Crisis Conference, Children Come First Conference, and the Family Based Services Association Conference.
- Invitations to attend the statewide Project Directors' tri-annual training days were expanded to include private agencies, staff from county child welfare, mental health, and substance abuse services, parents, and others.

Communication

- The Family Satisfaction Survey, piloted in 2001 with 92 respondents, grew to 158 respondents in 2002. Eighty three percent of families agreed or strongly agreed they were satisfied with the efforts of their Family Team on their behalf.
- The 2001 efforts to reduce and streamline paperwork resulted in a decision to require 50 percent less CAFAS reporting in 2002. Also, the streamlined assessments and treatment plans now "interact" better, i.e., the Plan of Care flows more logically from the Assessment Summary.
- The Wisconsin Integrated Services System Update has proven helpful to ISP staff; it helps them demonstrate to their county administrators and other agencies that they serve many more people than their "enrolled family team" numbers reflect.
- The Council on Mental Health's Children and Youth Committee created a survey and used it to collect information about parental priorities. The top-ranked priority was respite, followed by alternative care options and crisis services. The Committee has adopted these priorities.
- The Data Infrastructure Grant from CMHS has helped in the creation of a single data warehouse for combined public mental health data such as the Human Service Reporting System and Medicaid data. This should result in improved reports for stakeholders.

Challenges for the Future

Expansion

- The challenge continues, even with the development of CSTs, to have ISPs and/or CSTs available to families throughout Wisconsin. Given the proven effectiveness of the wraparound process in both provision of services and cost savings, Bureau of Mental Health and Substance Abuse

Services (BMHSAS) would like to see this approach to delivering services and developing supports spread throughout Wisconsin and encompass more service systems.

All children enrolled in ISP are at risk of being placed out of their homes or are already in an out-of-home placement. The costs associated with supporting "at-risk" children in their homes, communities, and schools pales in comparison to the alternatives.

-ISP Director

- Given the shortfall in the state's budget and the funding problems this generates in counties, maintaining high quality, individualized services to families is very challenging.
- While CSTs have begun to incorporate protective and substance abuse services and funding streams with mental health efforts, juvenile justice remains for the most part outside the fold. The bureau wants to include that service system and funding streams in CSTs.

Training

- The challenge of keeping training current in a high staff-turnover field continues. Improvement in the quality and responsiveness of training efforts is a priority.

Communication

- There is room for improvement in family satisfaction with services, as evidenced by the 83 percent score on the Family Satisfaction Survey.
- Counties report they want to strengthen family participation on Coordinating Committees, peer support efforts, and family teams. Support and training are needed in these efforts.
- The availability of trained family advocates statewide needs to improve. Some rural areas are primarily served by telephone support.
- Transition support to youth "aging out" of the adolescent system and in need of continued services in the adult system needs to be incorporated into each county's existing services. This support should be available to any "graduate" or current enrollee of an ISP.

My son wouldn't have graduated without ISP. It helped him get his license and a job.

-Parent

- There needs to be full implementation of the Infrastructure Grant with completion of the data warehouse and improved reporting.

APPENDIX SUMMARY

Appendix I – Map of Wraparound Programs, page 5

The map shows the counties that have ISPs in Wisconsin. They include the following:

- Two managed care programs (CCF- Dane and Wraparound Milwaukee), which are funded with a combination of Medicaid and county administered funds.
- A grouping of six rural counties, known collectively as the Northwoods Alliance for Children and Families, which is funded by a Center for Mental Health Services' grant and other funds.
- Nineteen additional counties have integrated services program that receive mental health block grant funds.

Appendix II – 2002 Family Satisfaction Survey Results, page 6

Families enrolled in an ISP were asked to complete a Family Satisfaction Survey. The purpose of the survey was to provide information about strengths and areas for improvements to ISP care coordinators and family advocates, and to state staff. Steps were taken to ensure families confidentiality. The surveys included stamped, self-addressed envelopes that families could return directly to Wisconsin Family Ties, which tabulated the results. This is the first year ISP projects were required to distribute the surveys.

Appendix III – 2002 Self-Report: Summary of Eight Key Components, page 8

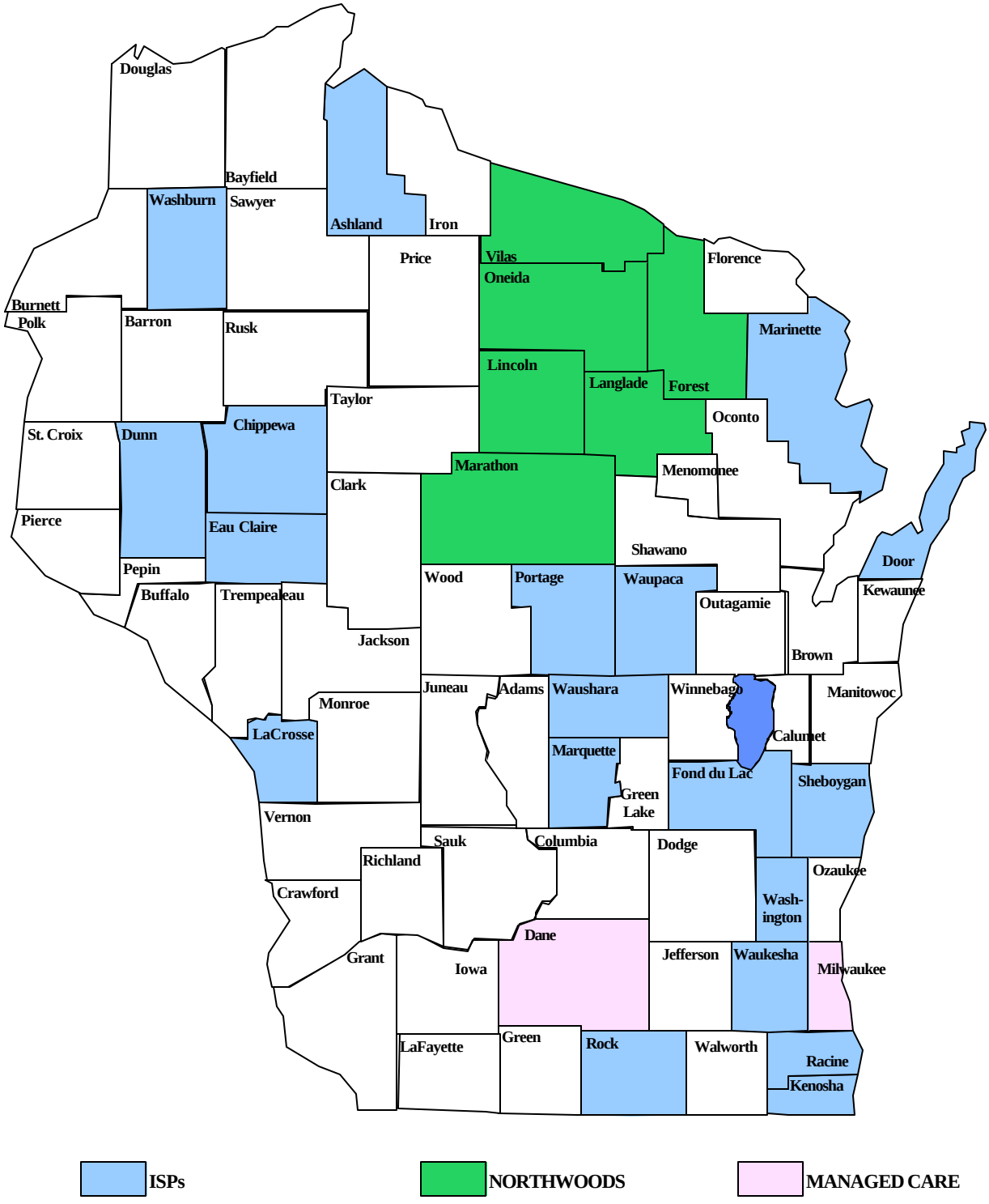
This is a tool used by the ISPs and BMHSAS clinicians to evaluate each ISP. ISP Project Directors, family members and state staff developed the tool in 1998. The instrument evaluates performance on eight key components. It is completed by the ISP Coordinators for self-evaluation. The results are then tabulated for each subcomponent of the eight components for individual counties. The results are aggregated to create a statewide average for each component. The instrument is also used by BMHSAS clinicians during site visits.

Appendix IV – Wisconsin Integrated Services 2002 System Change Update, page 10

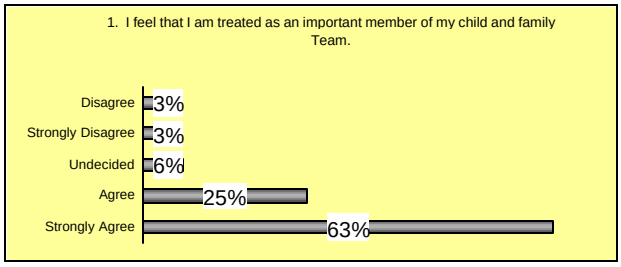
The report summarizes data gathered from the annual survey, which was sent to ISPs. ISPs were asked to report the actual number of children and families served. They were also asked to comment on the impact of the wraparound process on their system of care and the lives of the families they serve.

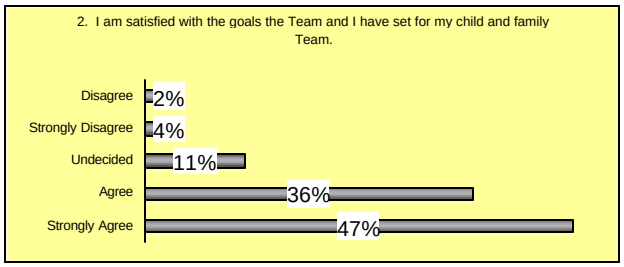
Appendix I

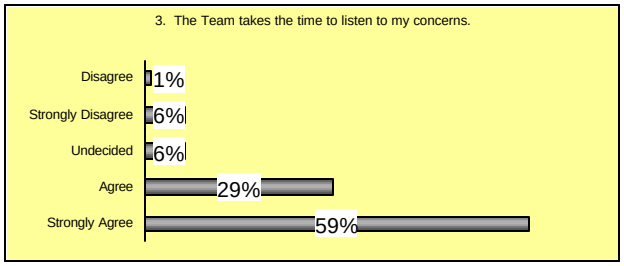
WISCONSIN WRAPAROUND PROGRAMS FOR CHILDREN WITH SEVERE EMOTIONAL DISTURBANCES

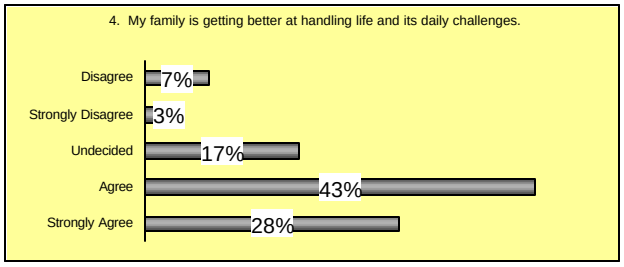


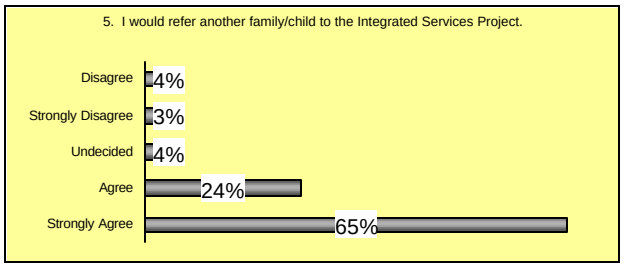
Appendix II
2002 Family Satisfaction Survey Results
(N = 158)

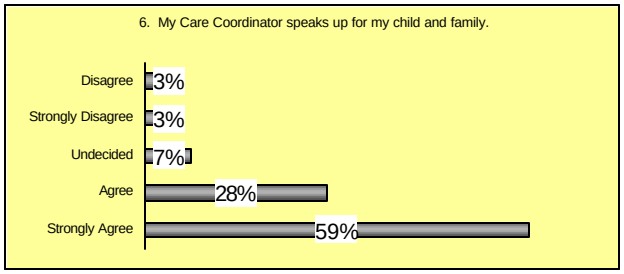


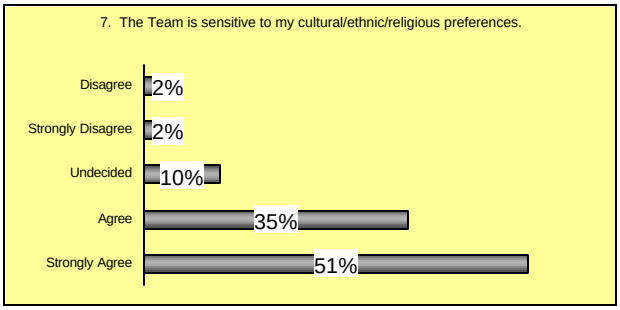


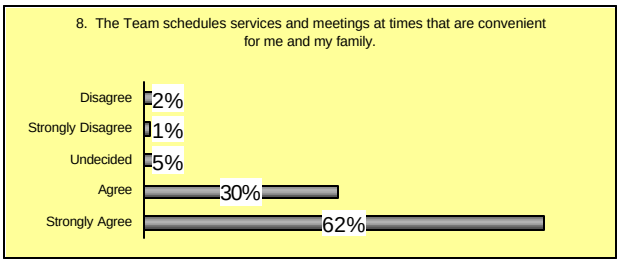


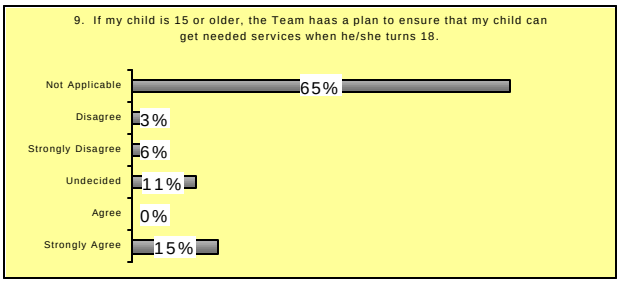


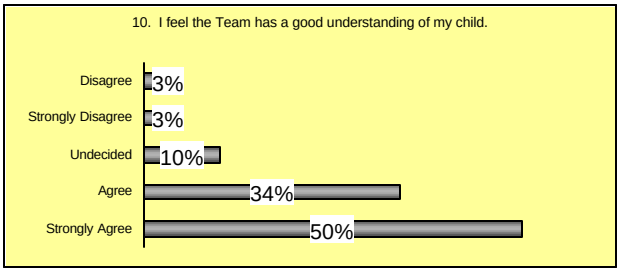


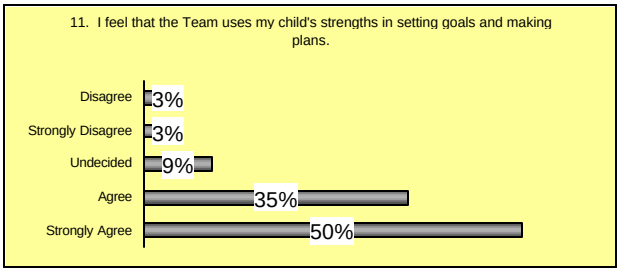


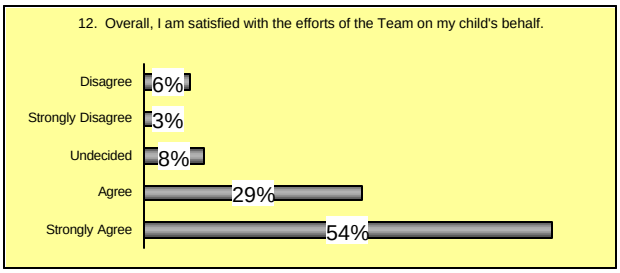

7. The Team is sensitive to my cultural/ethnic/religious preferences.
Disagree
2%
Strongly Disagree
2%
Undecided
10%
Agree
35%
Strongly Agree
51%


8. The Team schedules services and meetings at times that are convenient for me and my family.
Disagree
2%
Strongly Disagree
1%
Undecided
5%
Agree
30%
Strongly Agree
62%

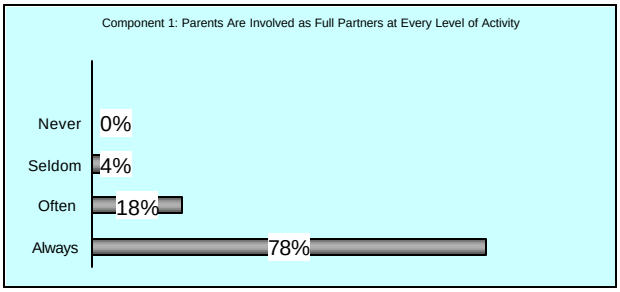

9. If my child is 15 or older, the Team haas a plan to ensure that my child can get needed services when he/she turns 18.
Not Applicable
65%
Disagree
3%
Strongly Disagree
6%
Undecided
11%
Agree
0%
Strongly Agree
15%

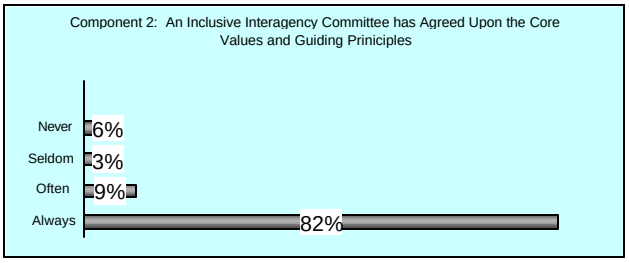

10. I feel the Team has a good understanding of my child.
Disagree
3%
Strongly Disagree
3%
Undecided
10%
Agree
34%
Strongly Agree
50%

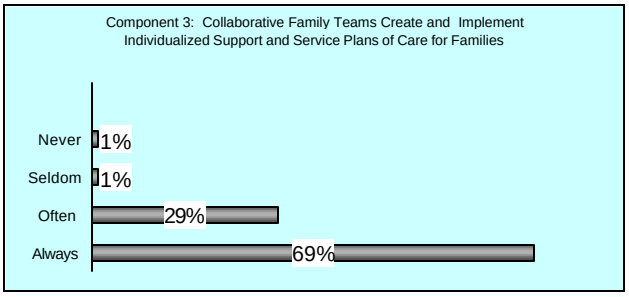

11. I feel that the Team uses my child's strengths in setting goals and making plans.
Disagree
3%
Strongly Disagree
3%
Undecided
9%
Agree
35%
Strongly Agree
50%

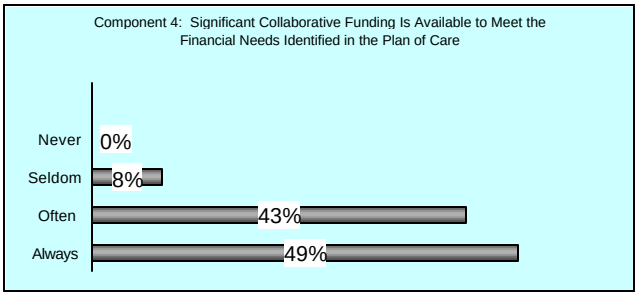

12. Overall, I am satisfied with the efforts of the Team on my child's behalf.
Disagree
6%
Strongly Disagree
3%
Undecided
8%
Agree
29%
Strongly Agree
54%

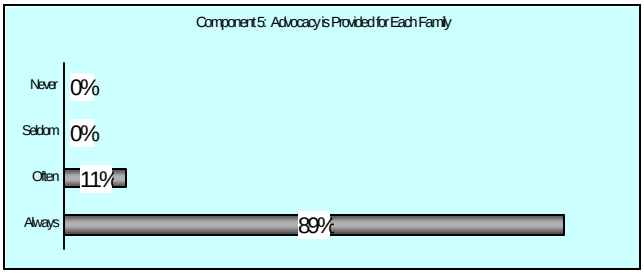
Appendix III
2002 Self – Report: Summary of Eight Key Components

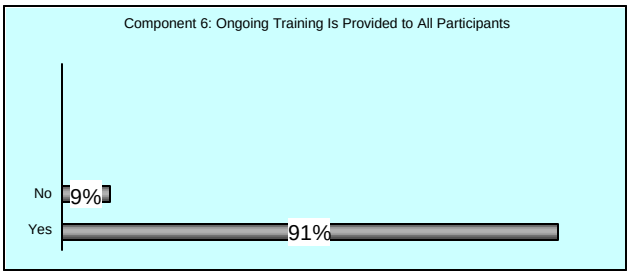


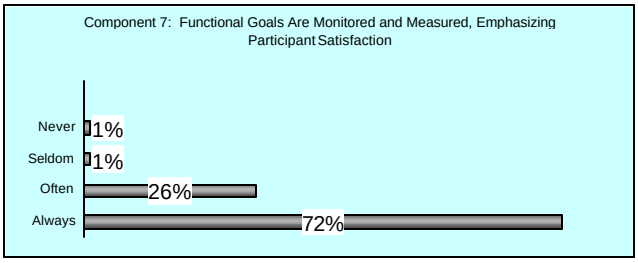


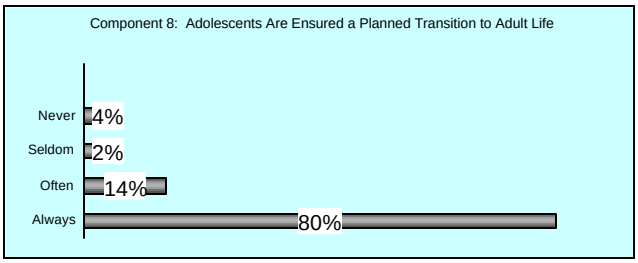







Component 6: Ongoing Training Is Provided to All Participants
No
Yes
9%
91%


Component 7: Functional Goals Are Monitored and Measured, Emphasizing Participant Satisfaction
Never
Seldom
Often
Always
1%
1%
26%
72%


Component 8: Adolescents Are Ensured a Planned Transition to Adult Life
Never
Seldom
Often
Always
4%
2%
14%
80%

Appendix IV
Wisconsin Integrated Services 2002 Update

Integrated Services Project (ISP) staff from the projects that receive Mental Health Block grant funds fill out an annual survey about their programs. The counties that completed this survey include: Ashland, Chippewa, Door, Dunn, Eau Claire, Fond du Lac, Kenosha, La Crosse, Marinette, Marquette, Portage, Racine, Rock, Sauk, Sheboygan, Washington, Waukesha, Waupaca, and Waushara. The survey requests information on the personnel structure, enrollment information, and "system impact." The first two sections are quantifiable and data are presented in the attached chart. The "system impact" section consists of written comments, some of which are summarized beginning on page 12.

Enrollment Information. There are a total of 418 formally enrolled child/family ISP teams that report data to the Bureau of Mental Health and Substance Abuse Services (BMHSAS). The chart below displays the number of formally enrolled teams by size for both 2001 and 2002. Note that 21 counties reported in 2001 and 19 for 2002. The additional two counties followed ISP principles but did not receive Mental Health Block grant funds.

Number of Formally Enrolled Teams	Number of Counties	Number of Counties
	2001	2002
0 – 9	3	4
10 – 19	10	9
20 – 29	3	3
30 – 39	4	0
40 – 49	1	1
50 – 59	0	1
>59	0	1
Total	21	19

Informal Enrollment. Although the "informal" teams adhere to key ISP principles, these teams are not required to report data to BMHSAS. Seventeen of the 19 counties have informally enrolled teams, with a total of 250 enrollees. The number of informal teams ranges from one in Eau Claire County to 62 in Waukesha.

No. of Informally Enrolled Teams	Number of Counties	Number of Counties
	2001	2002
0 – 9	9	10
10 – 19	6	3
20 – 29	1	1
30 – 39	1	2
40+	1	1
Total	18	17

Source of Referral. The survey also asks counties to indicate the source from which the child was referred. Almost half of the children were referred through the child welfare (23.3 percent) or mental health systems (22.4 percent). Another 20.2 percent of referrals came from schools and 16.7 percent from the juvenile justice system. Parents and grandparents made 4.7 percent of referrals and AODA referred 1.3 percent. The "Other" category accounted for the remaining 11 percent.

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Length of Enrollment. The average length of enrollment in 2002 ranged from seven months to 42 months. The average length of enrollment per county is 17.9 months, compared to 21.6 months in 2001.

Number of Months	Number of Counties	Number of Counties
	2001	2002
6 - 11	0	4
12 – 17	4	5
18 – 23	7	7
24 - 29	3	1
30 - 36	3	1
37 – 42	0	1

Services to Other Family Members. These data capture the number of family members other than the identified child who receive support and services that they may not have received if the family had not been involved in the team process. There were a total of **1363 additional people served** in the counties that reported this number. This compares with a total of 837 additional people served in 2001.

ENROLLMENT SUMMARY	2001	2002
Number of formally enrolled teams	402	418
Number of informally enrolled teams	264	250
Subtotal	666	668
Additional family members served	837	1363
Total Served	**1,503**	**2,031**

Summary of Comments from the Systems Change Survey

Below is a summary of comments and recommendations gathered from the 2002 Integrated Services Update.

How has the ISP positively or negatively impacted other parts of the child and family service delivery system in your county?

I. System of Care Expansion

- Parents and service providers have become more comfortable referring families.
- Expanded target population to include adults involved in Community Support Programs.
- Because of our formal Integrated Services Project, several individuals have learned the skills of meeting facilitation and the "team process," leading to "informal teams" in addition to the formal.
- People learn of us through reputation, but they come back to us because of trust, relationships, and results.
- We are currently working on a memorandum of understanding between all schools, police departments, and DHHS to coordinate on a formal basis information sharing between systems.
- Our referral base has expanded to include people outside of human services making referrals.

II. Collaboration

- Some teams that transitioned out continue to meet regularly, without the direction of Project staff.
- Increased communication between collateral team members, with an increase in contact.
- Working environment between professionals in the most difficult cases has substantially improved.
- Compared to the start of Families Come First, service providers now do a better job at teaming/collaborating with providers from other units within human services; limited resources are coordinated.
- Improved therapy focus. Enhanced coordinated plans. Gave the child and family the best chance for success.

III. Community-Based/Saving Money

- In the short-run ISP is labor-intensive and expensive, but in the long run, it is very cost-effective.
- The program has not only prevented the out of home placement of the "identified child," but other children in the home as well.
- We have saved hundreds of thousands of dollars in out-of-home placement costs.
- We estimate about $300,000-$400,000 per year savings in tax levy by not having to place these children.
- Families and service providers are much more agreeable to spend money on community based services.
- Services provided in the community decrease the need for long-term residential care.
- Safety plans decrease the number of days needed for out of home placement.
- For the third year in a row more restrictive levels of placement have decreased.
- This year the average monthly cost per family is $1,558; in 2001 it was $2,083.
- We have children that would be in state institutions if they were not in our ISP.

- Families enrolled in the ISP/CST process are more likely to look within the team for resources rather than looking outside for resources that are many times limited or extremely expensive.

IV. Impact on Families

- Parents who have been through the Integrated Services Project are supporting other families both formally and informally by serving as advocates and supports.
- Intensive in-home family therapy has been able to resolve many issues and improve family functioning.
- Family satisfaction survey had no unfavorable ratings from any of the survey respondents.
- Seeking positive changes in the family, such as handling challenges, and meeting child's needs.
- At the time of enrollment, children enter ISP with "serious symptoms." After 18 months in the ISP team process, children improved to the level of "some mild symptoms."
- The team always worked things out; many members went above and beyond the call of duty.

V. Impact on Juvenile Justice and Child Welfare

- Referrals are down for Juvenile Justice due to our ISP.
- There has been a huge shift in our county support to maintain children in the community.

VI. Impact on Schools

- Our collaborative partnership continues to expand to new school districts, agencies, and organizations.
- ISP has increased communication between Human Services and schools.
- They are in school, with better grades, less behavioral problems ; IEPs that meet their needs.
- Staff of all school district guidance counselors and DHHS have begun to meet quarterly.
- We get financial support of case management costs from one of the school districts.

VII. Flexible Funds

- Private social service agencies are encouraged to include proposals with flexible funds.
- With a grant from a business, we added $1,000 to our flex fund to provide respite care.

VIII. Negative Impacts

- Negative aspects of the ISP include a waiting list and the need to expand the program.
- There is significant time consumption and, therefore, cost in making teams work.
- The time commitment becomes difficult if providers are on more than a couple teams.

What Recommendations Would You Make to Improve the ISP Process?

I. Collaboration/Build Relationships

- Increase parents' participation on county advisory board.
- More education for high schools on how to work with Children Come First.
- Find a way to build a sense of community and social support among the families enrolled.

II. Training/Education

- A standard statewide or regional training curriculum for service coordinators. Staff would like access to advanced trainings through state ISP trainings and the annual CCF conference.
- There is a wide range of cultural values and practices that staff needs to understand and respect.

III. Paperwork Reduction

- Better integration and collaboration at the state level of paper requirements that are tied to funding sources, for example WISACWIS completed twice regarding child welfare matters, ISP paperwork and MA paperwork.

IV. Team Facilitation

- Because we are beginning over, we not only need to educate community partners, but reeducate our former partners to the team process and active ownership of a Coordinating Committee.
- The key to the team process and family services coordination is formed in the good service coordinator.

V. Concerns, Issues, and Challenges

- Services are limited because of a lack of adequate funding, e.g. countywide 24-hour crisis response services.
- Even when teachers are willing to participate more fully, labor agreements often prevent them from doing so.
- Better communication and collaboration across county divisions and community providers.
- Create better transition to adulthood services.
- The lack of child psychiatrists and child/adolescent inpatient treatment in our community.
- We need to find more informal community support people to link up with our families.
- Recruitment and retention of parents and other coordinating committee members.
- Increase respite options.
- Youth programs, weekend camps, mentoring programs-baseball, football, etc., are needed.
- Sustainability is an ongoing agenda item.